

## EXAMPLE #1: "COUNTY FORM" PRIMARY ELECTIONS ONLY

**A. IMPORTANT:** You must enter the date of the election, as well as the last day the application must be received by the elections official.

**APPLICATION FOR A VOTE-BY-MAIL BALLOT**  
**FOR THE \_\_\_\_\_, \_\_\_\_\_ PRIMARY ELECTION**  
(month, day, year) (type of election)

To obtain a vote-by-mail ballot, complete the information on this form. This application must be received by the elections official no later than 5 pm on \_\_\_\_\_.

**1. PRINT NAME:** \_\_\_\_\_  
**2. DATE OF BIRTH:** \_\_\_\_\_  
mo/day/yr

First Name Middle Name or Initial Last Name

**3. RESIDENCE ADDRESS IN \_\_\_\_\_ COUNTY (please print):**

Number and Street - as registered (P.O. Box, Rural Route, etc. not acceptable) (Designate N, S, E, W if used)

City ZIP Code

**4. TELEPHONE NUMBER:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
daytime (optional) evening (optional)

**5. PRINT MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):**

NOTE: Organizations distributing this form may not preprint mailing address information.

Number and Street/P.O. Box (Designate N, S, E, W if used)

City U.S. State or Foreign Country ZIP Code

6. ☐ I am not presently affiliated with any political party. However, for the primary election only, I request a vote-by-mail ballot for the \_\_\_\_\_ Party.\*

\*NOTE: Organizations distributing this form may not preprint check mark or political party name.

### 7. THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT

I have not applied for, nor do I intend to apply for, a vote-by-mail ballot from any other jurisdiction for this election. I certify under **penalty of perjury** under the laws of the State of California that the name and residence address and information I have provided on this application are true and correct.

SIGNATURE

Date

**WARNING:** Perjury is punishable by imprisonment in state prison for two, three or four years.  
(Section 126 of the California Penal Code)

Contact the County Elections office to determine the size of the application.

**B. Barcode**  
(optional)

**FOR OFFICIAL USE ONLY**

Organizations should contact the county elections official for barcode information.

### NOTICE

You have the legal right to mail or deliver this application directly to the local elections official of the county where you reside. This address is:

(name) \_\_\_\_\_

(address) \_\_\_\_\_

(phone) \_\_\_\_\_

Returning this application to anyone other than your elections official may cause a delay that could interfere with your ability to vote.

\*In order to determine which parties allow Decline to State voters to vote in their primary elections, contact the Secretary of State's toll-free number: 1-800-345-VOTE.  
Elections Code Section 3006 (c)

Voters may apply as PERMANENT VOTE-BY-MAIL VOTERS. Contact your county elections office at \_\_\_\_\_ for further information.  
phone number  
Elections Code Section 3201, 3206

The format used on this application MUST be used by ALL individuals, organizations and groups that distribute vote-by-mail ballot applications.

Elections Code Section 3007

Failure to conform to this format may result in criminal prosecution.

Elections Code Section 18402

**8. THIS FORM WAS PROVIDED BY:** ( \_\_\_\_\_ )

**IMPORTANT:** Organizations providing this form must enter their name, address, and telephone number.

# Required format for a statewide vote-by-mail ballot application

Return Address

Remember to sign your application

First  
Class  
Postage

IMPORTANT: Return to elections official